

Managing lymphoedema of the lower limb in the acute setting: case studies that represent diverse patient groups in the UK.

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Many practitioners in tissue viability and/or leg ulceration in the hospital setting encounter patients with lower limb lymphoedema at some point, either from admissions with recurrent cellulitis or worsening and/or infection of leg ulceration. Often specialists in the acute setting are not equipped in the assessment and management of lower limb lymphoedema from a practical or theoretical level and are therefore unable to provide specialist lymphoedema treatment for patients who are often much in need and whose lives are greatly affected by this condition. More often than not, patients are discharged and readmitted with a similar diagnosis or complaint within a matter of weeks without any specialist intervention.

Aim

This poster aims to show the conservative management of two patients with secondary lymphoedema and leg ulceration originating from chronic venous hypertension – these patients were managed by the tissue viability team, originally in the acute setting, and then by shared care in the community.

Methods

Both patients were assessed and treated using the same processes in combination with compression bandaging using a cohesive inelastic short stretch system*. The tissue viability team were kindly supported in the treatment of these patients by the clinical nurses in lymphoedema from Activa Healthcare who are experts in this field.

Result

Outcomes of treatment presented with noticeable differences relating to healing, quality of life, patient satisfaction, future management, control and prevention.

Discussion

The cornerstone in managing this patient group is with multi professional collaboration - from hospital admission to community discharge. However, for many specialists working alone, encouraging participation from general healthcare professionals remains a daunting task (Hopkins,2010).

Patient One

Demographic History:

- 47 year old Nigerian male
- Unemployed – has not worked for 4 years

Past Medical History:

- Limited mobility due to weight of legs
- Obesity -180kg
- DVT – right Leg
- Chronic Venous Insufficiency
- Leg ulcers – right leg 2 years

Patient One

Initial assessment



Patient One

4 weeks treatment



Patient One

8 weeks treatment



Patient Two

Demographic History:

- 73 year old Irish male
- Retired – labourer

Past Medical History:

- Atrial Fibrillation
- COPD
- Chronic Venous Insufficiency
- Leg ulcers –both legs 18 months
- Obesity –170 kg

Patient Two

Initial assessment



Patient Two

2 months treatment



Patient Two

6 months treatment



References

Hopkins, A.(2010). Mapping an integrated lymphoedema patient pathway. Journal of Lymphoedema, 5(2),74–80.

* Actico® from Activa Healthcare